

**Fill in this information to identify the case:**

Debtor name **EMC Hotels and Resorts LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) **18-22932**

☐ Check if this is an amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <b>31,700,000.00</b>
<b>1b. Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <b>2,985,914.26</b>
<b>1c. Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <b>34,685,914.26</b>

**Part 2: Summary of Liabilities**

<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <b>27,403,373.82</b>
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <b>97,069.34</b>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <b>19,043,028.03</b>
<b>4. Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <b>46,543,471.19</b>

## Fill in this information to identify the case:

Debtor name **EMC Hotels and Resorts LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**Case number (if known) **18-22932**☐ Check if this is an amended filing

## Official Form 206A/B

## Schedule A/B: Assets - Real and Personal Property

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

## Part 1: Cash and cash equivalents

## 1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

## 3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <b>BHI Operating Account</b>	<b>Checking</b>	<b>4201</b>	<b>\$0.00</b>
3.2. <b>BHI Payroll Account</b>	<b>Checking</b>	<b>6701</b>	<b>\$18.00</b>
3.3. <b>BHI Revenue Account</b>	<b>Checking</b>	<b>5901</b>	<b>\$92,864.00</b>
3.4. <b>TD Bank - TD Business Convenience Plus (DIP)</b>	<b>Checking</b>	<b>2548</b>	<b>\$0.00</b>
3.5. <b>Wells Fargo - WY Time Hotel - Revenue Account</b>	<b>Checking</b>	<b>5901</b>	<b>Unknown</b>
3.6. <b>Wells Fargo - WY Time Hotel, LLC</b>	<b>Checking</b>	<b>1311</b>	<b>Unknown</b>
3.7. <b>Wells Fargo - EMC Hotel &amp; Resorts LLC</b>	<b>Checking</b>	<b>1311</b>	<b>Unknown</b>

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4. **Other cash equivalents (Identify all)**

4.1. **Petty Cash** **\$3,000.00**

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$95,882.00**

**Part 2: Deposits and Prepayments**

6. **Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.  
☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**  
Description, including name of holder of deposit

7.1. **Orange and Rockland Utility** **Unknown**

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**  
Description, including name of holder of prepayment

8.1. **Prepaid Insurance** **\$7,959.03**

8.2. **Prepaid Workers Comp** **\$38,077.76**

8.3. **Prepaid Service Contracts** **\$6,293.85**

8.4. **Prepaid Dues and Subs** **\$16,130.89**

8.5. **Prepaid Other** **\$8,711.52**

8.6. **Security Deposit-1** **\$15,590.01**

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

**\$92,763.06**

**Part 3: Accounts receivable**

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.

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☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 53,876.20 - 0.00 = .... \$53,876.20  
face amount doubtful or uncollectible accounts

11a. 90 days old or less: 739,939.00 - 0.00 = .... \$739,939.00  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$793,815.20

**Part 4: Investments**

13. **Does the debtor own any investments?**

☐ No. Go to Part 5.

☒ Yes Fill in the information below.

		Valuation method used for current value	Current value of debtor's interest
14.	<b>Mutual funds or publicly traded stocks not included in Part 1</b> Name of fund or stock:		
15.	<b>Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture</b> Name of entity:	% of ownership	
15.1.	<b>BV Grill Nyack LLC - See Disclaimer</b>	<b>Unknown</b> n %	<b>Unknown</b>

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**  
Describe:

17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

\$0.00

**Part 5: Inventory, excluding agriculture assets**

18. **Does the debtor own any inventory (excluding agriculture assets)?**

☐ No. Go to Part 6.

☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	<b>Raw materials</b>				
20.	<b>Work in progress</b>				
21.	<b>Finished goods, including goods held for resale</b>				
22.	<b>Other inventory or supplies</b> <b>Misc</b>		<b>\$0.00</b>		<b>\$7,558.00</b>

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23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

**\$7,558.00**

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No  
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b> <b>Per 2016 Tax Return - See Global Notes</b>	<b>\$1,785,481.00</b>	<b>Appraisal</b>	<b>\$1,300,000.00</b>

40. **Office fixtures**

41. **Office equipment, including all computer equipment and communication systems equipment and software**

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$1,300,000.00**

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No  
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☐ No  
☒ Yes

**Part 8: Machinery, equipment, and vehicles**

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

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	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	<b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1.	<u>Mercedes-Benz Passenger Van</u>	<u>\$0.00</u>		<u>Unknown</u>

48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

51. **Total of Part 8.** \$0.00  
Add lines 47 through 50. Copy the total to line 87.

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No  
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 9: Real property**

54. **Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.  
☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. <b>Land, building and other depreciable assets per 2016 Tax Return</b>		<u>\$40,173,327.00</u>	<u>Appraisal</u>	<u>\$31,700,000.00</u>

56. **Total of Part 9.** \$31,700,000.00  
Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.  
Copy the total to line 88.

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

- ☐ No  
☒ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

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- ☐ No  
☒ Yes

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites			
62.	Licenses, franchises, and royalties All known and used IP is the property of HHM Nyack, LLC	Unknown		Unknown
63.	Customer lists, mailing lists, or other compilations			
64.	Other intangibles, or intellectual property Deferred Financing per 2016 Tax Return	\$1,106,045.00	Tax records	\$695,896.00

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

**\$695,896.00**

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?

- ☐ No  
☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No  
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes Fill in the information below.

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**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$95,882.00</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$92,763.06</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$793,815.20</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$7,558.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$1,300,000.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$0.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$31,700,000.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$695,896.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>\$0.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$2,985,914.26</b>	<b>\$31,700,000.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$34,685,914.26</b>



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**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

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Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
<b>2.1</b>	<b>Bank Hapoalim B.M.</b> <small>Creditor's Name</small>  <b>c/o Phillips Nizer LLP</b> <b>485 Lexington Ave, 14th FL</b> <b>New York, NY 10017</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>Generally all real estate, personal and intangible property of Debtor. Claim is subject to verification but not subject to any known disputes.</b>  Describe the lien  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$18,700,000.00</b>	<b>Unknown</b>

<b>2.2</b>	<b>BT Hotel Operating LLC</b> <small>Creditor's Name</small>  <b>c/o Skadden Arps LLP</b> <b>Four Times Square</b> <b>New York, NY 10036</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>Real Property by Judge Lien. Judgement filed on or around May 11, 2018 and to the extent valid, is believed to be avoidable pursuant to 11 USC 547.</b>  Describe the lien  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply	<b>\$5,926,935.00</b>	<b>Unknown</b>
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Debtor **EMC Hotels and Resorts LLC**

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**18-22932**

Name

☒ No

☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.3 NYACK HOTEL FUND LLC**

Creditor's Name

**C/O Zou Singer Capital LLC  
555 Fifth Avenue, 6th FL  
New York, NY 10017**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an  
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

Describe debtor's property that is subject to a lien

**Real Property. Claim is subject to verification  
but not subject to any known disputes.**

**\$2,414,152.78**

**Unknown**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.4 Rockland County - Dept of  
Fin.**

Creditor's Name

**50 Sanatorium Road  
Building A, 8th Floor  
Pomona, NY 10970**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an  
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

Describe debtor's property that is subject to a lien

**First Priority lien on all real property. Claim is  
subject to verification but not subject to any  
known disputes.**

**\$362,286.04**

**Unknown**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$27,403,373.  
82**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

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Name and address

On which line in Part 1 did  
you enter the related creditor?

Last 4 digits of  
account number for  
this entity

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**Official Form 206E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>ARAMARK REFRESHMENT SERVICES</b> <b>1511 TONNELLE AVENUE</b> <b>NORTH BERGEN, NJ 07047</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,027.04</b>	<b>\$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (3)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>ASSURED ENVIRONMENTS</b> <b>45 BROADWAY</b> <b>10TH FLOOR</b> <b>NEW YORK, NY 10006</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$138.18</b>	<b>\$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (3)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.3	Priority creditor's name and mailing address <b>BV GRILL NYACK LLC</b> <b>400 HIGH AVE</b> <b>NYACK, NY 10960</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b> <b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (3)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.4	Priority creditor's name and mailing address <b>CARLO MINUTO CARTING</b> <b>COMPANY, INC.</b> <b>P.O. BOX 234</b> <b>WEST NYACK, NY, NY 10994</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$857.75</b> <b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (3)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.5	Priority creditor's name and mailing address <b>CINTAS CORPORATION- #616</b> <b>P.O. BOX 630803</b> <b>CINCINNATI, OH 45263-0803</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,487.17</b> <b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (3)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

2.6	Priority creditor's name and mailing address <b>CVENT INC.</b> <b>1765 GREENSBORO STATION</b> <b>PLACE</b> <b>7TH FLOOR</b> <b>TYSONS CORNER, VA 22102</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,022.34</b> <b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (3)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>EMC Hotels and Resorts LLC</b> <small>Name</small>	Case number (if known)	<b>18-22932</b>	
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2.7	Priority creditor's name and mailing address <b>ECOLAB</b> <b>P.O.BOX 32027</b> <b>NEW YORK, NY 10087-2027</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$999.68</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (3)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.8	Priority creditor's name and mailing address <b>GOLD COIN LAUNDRY</b> <b>EQUIPMENT, LLC</b> <b>91-26 143RD STREET</b> <b>JAMAICA, NY</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$58.06</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (3)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.9	Priority creditor's name and mailing address <b>HARBOR LINEN</b> <b>P O BOX 3510</b> <b>CHERRY HILL, NJ 08034</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$103.82</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (3)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.10	Priority creditor's name and mailing address <b>HD SUPPLY FACILITIES</b> <b>MAINTENANCE, LTD</b> <b>P.O. BOX 509058</b> <b>SAN DIEGO, CA 92150-9058</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,054.67</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (3)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>EMC Hotels and Resorts LLC</b> Name	Case number (if known)	<b>18-22932</b>
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2.11	Priority creditor's name and mailing address <b>HEALTH PASS NEW YORK</b> <b>PO BOX 28413</b> <b>NEW YORK, NY 10087-8413</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,107.94</b>	<b>\$0.00</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (3)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.12	Priority creditor's name and mailing address <b>HMM Nyack, LLC</b> <b>200 WEST 55TH STREET</b> <b>SUITE 42</b> <b>NEW YORK, NY 10019</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$23,220.35</b>	<b>\$0.00</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (3)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.13	Priority creditor's name and mailing address <b>Internal Revenue Service</b> <b>600 Arch Street</b> <b>Philadelphia, PA 19106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.14	Priority creditor's name and mailing address <b>Internal Revenue Service</b> <b>Payroll</b> <b>600 Arch Street</b> <b>Philadelphia, PA 16106</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>EMC Hotels and Resorts LLC</b> <small>Name</small>	Case number (if known)	<b>18-22932</b>
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2.15	Priority creditor's name and mailing address <b>LUXE TRAVEL MANAGEMENT INC</b> <b>SUITE 102</b> <b>1515 2. FEDERAL HIGHWAY</b> <b>BOCA RATON, FL 33432</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$15.30</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (3)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.16	Priority creditor's name and mailing address <b>M3 ACCOUNTING + ANALYTICS</b> <b>1715 N Brown Road</b> <b>BLDG A SUITE 200</b> <b>GAINSVILLE, GA 30043</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$15.58</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (3)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.17	Priority creditor's name and mailing address <b>New York State Employment Tax</b> <b>PO Box 4119</b> <b>Binghamton, NY 13092-4119</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.18	Priority creditor's name and mailing address <b>New York State Occupancy Tax</b> <b>PO BOX 15168</b> <b>Albany, NY 12212</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	<b>EMC Hotels and Resorts LLC</b> Name	Case number (if known)	<b>18-22932</b>
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2.19	Priority creditor's name and mailing address <b>NEW YORK STATE SALES TAX PO BOX 15168 ALBANY, NY 12212-5168</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.20	Priority creditor's name and mailing address <b>NYS DEPARTMENT OF ENVIRONMENTAL CONSERVA CHURCH STREET STATION PO BOX 3782 NEW YORK, NY 10008-3782</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$40.17</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (9)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.21	Priority creditor's name and mailing address <b>ORANGE &amp; ROCKLAND PIKE COUNTY LIGHT &amp; PO PO BOX 1005 SPRING VALLEY, NY 10977-0800</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$25,968.39</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (3)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.22	Priority creditor's name and mailing address <b>REVINATE, INC. PO BOX 732056 DALLAS, TX 75373-2056</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$300.00</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (3)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>EMC Hotels and Resorts LLC</b> Name	Case number (if known)	<b>18-22932</b>
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2.23	Priority creditor's name and mailing address <b>SABRE HOSPITALITY SOLUTIONS</b> <b>7285 COLLECTION DRIVE</b> <b>CHICAGO, IL 76092</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$6,454.35</b>	<b>\$0.00</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (3)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.24	Priority creditor's name and mailing address <b>SENTINEL MANAGMENT GROUP, INC</b> <b>96-59 222ND STREET</b> <b>SUITE 200</b> <b>QUEENS VILLAGE, NY 11429</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,326.10</b>	<b>\$0.00</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (3)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.25	Priority creditor's name and mailing address <b>SIMONS INDUSTRIAL SUPPLY CO.</b> <b>595 MANHATTAN AVE.</b> <b>BROOKLYN, NY 11222</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,506.46</b>	<b>\$0.00</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (3)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.26	Priority creditor's name and mailing address <b>The Sherwin William Co</b> <b>202 W Route 59</b> <b>Nanuet, NY 10954-2219</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$219.71</b>	<b>\$0.00</b>
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Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (3)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>EMC Hotels and Resorts LLC</b> Name	Case number (if known)	<b>18-22932</b>
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2.27	Priority creditor's name and mailing address <b>TRAVELCLICK, INC.</b> <b>300 N. MARTINGALE</b> <b>SUITE 650</b> <b>SCHAUMBURG, IL 60173</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$15,736.65</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (3)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.28	Priority creditor's name and mailing address <b>TRIPTEASE INC</b> <b>C/O GRINDSPACE</b> <b>1216 BROADWAY 2ND FLOOR</b> <b>NEWYORK, NY 10001</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,056.83</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (3)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.29	Priority creditor's name and mailing address <b>WELBY, BRADY &amp; GREENBLATT,</b> <b>LLP</b> <b>11 MARITIME AVENUE</b> <b>15TH FLOOR</b> <b>WHITE PLAINS, NY 10606</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$5,352.80</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (3)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim	
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3.1	Nonpriority creditor's name and mailing address <b>Abbey Ice &amp; Spring Water</b> <b>One Hoffman Street</b> <b>Spring Valley, NY 10977</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$394.17</b>	
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3.2	Nonpriority creditor's name and mailing address <b>Air Aroma Usa Dist LLC</b> <b>263 W 38th Street</b> <b>Level 12</b> <b>New York, NY 10018</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$322.96</b>	
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Debtor **EMC Hotels and Resorts LLC**  
Name

Case number (if known) **18-22932**

3.3	<b>Nonpriority creditor's name and mailing address</b> <b>All Phase Electric Enterprises, Inc</b> <b>75A Lake Road</b> <b>Suite 179</b> <b>Congers, NY 10920</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,060.81</b>
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>Ambius</b> <b>P O Box 14086</b> <b>Reading, PA 19612</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$431.25</b>
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>American Hotel Register</b> <b>PO Box 206720</b> <b>Dallas, TX 75320-6720</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,280.06</b>
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Ameripark</b> <b>388 Madeline Ave</b> <b>Garfield, NJ 07026</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$910.00</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Amtrust North America</b> <b>PO Box 6939</b> <b>Cleveland, OH 44101-1939</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$32,993.00</b>
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Aptar Group</b> <b>Aptar Radolfzell GmbH</b> <b>Oeschelstr .54-56</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$44.01</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Aramark Refreshment Services</b> <b>1511 Tonnelle Avenue</b> <b>North Bergen, NJ 07047</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,705.80</b>

Debtor	Name	Case number (if known)	18-22932
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>ASAP Cruises Inc</b> <b>8030 Philips Hwy</b> <b>Ste 13</b> <b>Jacksonville, FL 32256-7483</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$31.76</b>
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>ASCAP</b> <b>Po Box 331608</b> <b>Nashville, TN 37203-7515</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$698.18</b>
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Assured Environments</b> <b>45 Broadway</b> <b>10th Floor</b> <b>New York, NY 10006</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$270.94</b>
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>BCD Travel Usa LLC</b> <b>Suite 308</b> <b>25 W 45th St</b> <b>New York, NY 10036</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$42.11</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>BCD Travel Usa LLC</b> <b>Suite 350</b> <b>26877 Northwestern Hwy</b> <b>Southfield, MO 48033</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$42.11</b>
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>BCG Ritz Trump, Llc</b> <b>C/O Moritt Hock &amp; Hamroff Llp</b> <b>400 Garden City Plaza</b> <b>Garden City, NY 11530</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,500,000.00</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Belfor</b> <b>75 Virginia Road</b> <b>White Plains, NY 10603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$184,433.80</b>

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3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Best Landscape &amp; Maintenance</b> <b>PO Box 32</b> <b>Blauvelt, NY 10913</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,770.58</b>
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Blueprint Rf</b> <b>5555 Oakbrook Pkwy</b> <b>Suite 640</b> <b>Norcross, GA 30093</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$897.75</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>BV GRILL NYACK LLC</b> <b>c/o McGuireWoods LLP-Shawn Fox</b> <b>310 Fourth Street, N.E. Ste300</b> <b>Charlottesville, VA 22902-1288</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Capital Supply Company</b> <b>115 Castle Road</b> <b>Secaucus, NJ 07094</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$398.55</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Carlo Minuto Carting Company, Inc.</b> <b>P.O. Box 234</b> <b>West Nyack, Ny, NY 10994</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,289.76</b>
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Carolyn Izzo Integrated Communications,</b> <b>1 Piermont Avenue</b> <b>Nyack, NY 10960</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,750.00</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Chandelier- New York</b> <b>611 Broadway, Penthouse</b> <b>New York, NY 10012</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,500.00</b>

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3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Chemsearchfe</b> <b>23261 Network Place</b> <b>Chicago, IL 60673-1232</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$240.90</b>
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Chestnut Discount Cleaners</b> <b>6 B Red Schoolhouse Rd</b> <b>Spring Valley, NY 10977</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,254.90</b>
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Christopher Meredith</b> <b>PO Box 224</b> <b>Pomona, NY 10970</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,525.00</b>
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Ciat- Program FP2 G101FI11</b> <b>Nit 800.034.586-2</b> <b>Km 17 Via Cali-Palmira</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$800.25</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>Cintas Corporation</b> <b>97627 Eagle Way</b> <b>Chicago, IL 60678-7627</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,369.98</b>
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Cintas Corporation- #616</b> <b>P.O. Box 630803</b> <b>Cincinnati, OH 45263-0803</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,225.21</b>
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>Citrin Cooperman</b> <b>529 Fifth Avenue</b> <b>New York, NY 10017</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,400.00</b>

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3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Clean &amp; Clean Corp.</b> <b>60 North Harrison Avenue</b> <b>Unit 25</b> <b>Congers, NY 10920</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$828.06</b>
3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Connect</b> <b>Attn: Accounting Dept</b> <b>15 Technology Parkway S, Suite 250</b> <b>Norcross, GA 30092</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,350.00</b>
3.33	<b>Nonpriority creditor's name and mailing address</b> <b>County Of Rockland, Commissioner Of Fina</b> <b>50 Sanatorium Road</b> <b>Pomona, NY 10970</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$34,292.38</b>
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>Crown Products</b> <b>450 Nepperhan Avenue</b> <b>Yonkers, NY 10701-6601</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$523.69</b>
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>Cvent Inc.</b> <b>1765 Greensboro Station Place</b> <b>7th Floor</b> <b>Tysons Corner, VA 22102</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,300.00</b>
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>D &amp; D Elevator Maintenance, Inc</b> <b>38 Hayes Street</b> <b>Elmsford, NY 10960</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,438.43</b>
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>Duetto Research Inc.</b> <b>C/O Temp CFO Inc.</b> <b>250 Sutter Street ,Suite 400</b> <b>San Francisco Ave, CA 94108</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,119.00</b>



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3.38	<b>Nonpriority creditor's name and mailing address</b> <b>E-Zpass</b> <b>P.O. Box 15185</b> <b>Albany, NY 12212-5185</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$149.69</b>
3.39	<b>Nonpriority creditor's name and mailing address</b> <b>Ecolab</b> <b>P.O.Box 32027</b> <b>New York, NY 10087-2027</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,405.13</b>
3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Elite Moving &amp; Storage</b> <b>P O Box 384</b> <b>New York, NY 10027</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,255.08</b>
3.41	<b>Nonpriority creditor's name and mailing address</b> <b>Express Lighting</b> <b>245 48th St #2</b> <b>Brooklyn, NY 11220</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,500.00</b>
3.42	<b>Nonpriority creditor's name and mailing address</b> <b>Fedex</b> <b>P.O. Box 371461</b> <b>Pittsburgh, PA 15250-7461</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$555.62</b>
3.43	<b>Nonpriority creditor's name and mailing address</b> <b>Frette North America</b> <b>850 Third Avenue</b> <b>10 th Floor</b> <b>New York, NY 10022</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,303.82</b>
3.44	<b>Nonpriority creditor's name and mailing address</b> <b>Gbt Us LLC</b> <b>2401 W Behrend Dr</b> <b>Mc13-01-76 Ste 55/B535</b> <b>Phoenix, AZ 85027</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,123.98</b>

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3.45	<b>Nonpriority creditor's name and mailing address</b> <b>Global Travel International Inc</b> <b>Suite 305</b> <b>1060 Maitland Center Commons</b> <b>Maitland, FL 32751</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$288.59</b>
3.46	<b>Nonpriority creditor's name and mailing address</b> <b>Gold Coin Laundry Equipment, LLC</b> <b>91-26 143rd Street</b> <b>Jamaica, NY</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$43.35</b>
3.47	<b>Nonpriority creditor's name and mailing address</b> <b>Gray V</b> <b>1098 W Willow Street</b> <b>Louisville, CO 80027</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$590.65</b>
3.48	<b>Nonpriority creditor's name and mailing address</b> <b>Harbor Linen</b> <b>P O Box 3510</b> <b>Cherry Hill, NJ 08034</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,148.76</b>
3.49	<b>Nonpriority creditor's name and mailing address</b> <b>Hd Supply Facilities Maintenance, Ltd</b> <b>P.O. Box 509058</b> <b>San Diego, CA 92150-9058</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,391.27</b>
3.50	<b>Nonpriority creditor's name and mailing address</b> <b>Health Pass New York</b> <b>PO Box 28413</b> <b>New York, NY 10087-8413</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,832.94</b>
3.51	<b>Nonpriority creditor's name and mailing address</b> <b>Heather Grabin</b> <b>38 Independence Way</b> <b>Jersey City, NJ 07305</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,000.00</b>

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3.52	<b>Nonpriority creditor's name and mailing address</b> <b>Help From People To People Inc</b> <b>121 West Nyack Road</b> <b>Nanuet, NY 10956</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$1,000.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.53	<b>Nonpriority creditor's name and mailing address</b> <b>HHM Nyack, LLC</b> <b>200 West 55Th Street</b> <b>Suite 42</b> <b>New York, NY 10019</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$492,591.04</b> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.54	<b>Nonpriority creditor's name and mailing address</b> <b>Hireright, LLC</b> <b>PO Box 847891</b> <b>Dallas, TX 75284-7891</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$332.25</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.55	<b>Nonpriority creditor's name and mailing address</b> <b>House Of Kooser</b> <b>PO Box 3184</b> <b>New York, NY 10163</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$1,600.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.56	<b>Nonpriority creditor's name and mailing address</b> <b>Howard Dean Properties</b> <b>150 White Plains Road</b> <b>Suite 300</b> <b>Tarrytown, NY 10591</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$750.00</b> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.57	<b>Nonpriority creditor's name and mailing address</b> <b>Hughe Environmental Eng. Inc.</b> <b>14 Leighton Place</b> <b>Mahwah, NJ 07430</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$2,733.99</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.58	<b>Nonpriority creditor's name and mailing address</b> <b>Insight Direct Usa, Inc.</b> <b>PO Box 731069</b> <b>Dallas, TX 75373-1069</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$230.41</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.59	<b>Nonpriority creditor's name and mailing address</b> <b>Interflo Inc</b> <b>PMB 126</b> <b>100 Springdale Rd Ste 126</b> <b>Cherry Hill, NJ 08003</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$433.50</b>
3.60	<b>Nonpriority creditor's name and mailing address</b> <b>Internal Revenue Service</b> <b>600 Arch Street</b> <b>Philadelphia, PA 19106</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.61	<b>Nonpriority creditor's name and mailing address</b> <b>Jerry Allen Travel Agency Inc</b> <b>20624 Biscayne Blvd</b> <b>Miami, FL 33180-1534</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,247.58</b>
3.62	<b>Nonpriority creditor's name and mailing address</b> <b>JTB USA Inc</b> <b>One Evertrust Plaza</b> <b>Jersey City, NJ 07302</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15.30</b>
3.63	<b>Nonpriority creditor's name and mailing address</b> <b>Justin Sweet</b> <b>Town Clerk</b> <b>10 Maple Avenue</b> <b>New City, NY 10956</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,770.77</b>
3.64	<b>Nonpriority creditor's name and mailing address</b> <b>Kerry Wellington</b> <b>525 West 22nd Street</b> <b>New York, NY 10001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,528.12</b>
3.65	<b>Nonpriority creditor's name and mailing address</b> <b>La Bottega</b> <b>264 West 40th Street</b> <b>Suite 201</b> <b>New York, NY 10018</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,312.69</b>

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3.66	<b>Nonpriority creditor's name and mailing address</b> <b>LeGrande</b> <b>200 West 55th Street</b> <b>New York, NY 10019</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,925.97</b>
3.67	<b>Nonpriority creditor's name and mailing address</b> <b>Lexyl Travel Technologies LLC</b> <b>P O Box 645452</b> <b>Pittsburgh, PA 15264-5452</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$187.90</b>
3.68	<b>Nonpriority creditor's name and mailing address</b> <b>Luxe Travel Management Inc</b> <b>Suite 102</b> <b>1515 2. Federal Highway</b> <b>Boca Raton, FL 33432</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$143.34</b>
3.69	<b>Nonpriority creditor's name and mailing address</b> <b>M3 Accounting + Analytics</b> <b>1715 N Brown Road</b> <b>Bldg A Suite 200</b> <b>Gainesville, GA 30043</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$819.41</b>
3.70	<b>Nonpriority creditor's name and mailing address</b> <b>Maior Technology Group, LLC</b> <b>500 N. Michigan Ave</b> <b>Suite 600</b> <b>Chicago, IL 60611</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,400.00</b>
3.71	<b>Nonpriority creditor's name and mailing address</b> <b>Marie Palomba</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,592.02</b>
3.72	<b>Nonpriority creditor's name and mailing address</b> <b>Mercedes-Benz Financial Services USA</b> <b>P.O. Box 5260</b> <b>Carol Stream, IL 60197-5260</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$43.20</b>

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3.73	<b>Nonpriority creditor's name and mailing address</b> <b>Minibar North Americas Inc</b> <b>P O Box 38017</b> <b>Baltimore, MD 21297-8017</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,129.05</b>
3.74	<b>Nonpriority creditor's name and mailing address</b> <b>My Electrician</b> <b>1333A North Avenue</b> <b>New Rochelle, NY 10804</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,650.00</b>
3.75	<b>Nonpriority creditor's name and mailing address</b> <b>Neopost</b> <b>PO Box 30193</b> <b>Tampa, FL 33630-3193</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$133.29</b>
3.76	<b>Nonpriority creditor's name and mailing address</b> <b>New York State Thruway Authority</b> <b>P.O. Box 189</b> <b>Albany, NY 12201-1089</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$70.00</b>
3.77	<b>Nonpriority creditor's name and mailing address</b> <b>NHI-2, LLC</b> <b>85 W Algonquin Rd</b> <b>Ste 165</b> <b>Arlington Heights, IL 60005-4424</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30.43</b>
3.78	<b>Nonpriority creditor's name and mailing address</b> <b>Nippon Express Travel Usa Inc</b> <b>950 Francisco Street</b> <b>Torrance, CA 90502</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9.52</b>
3.79	<b>Nonpriority creditor's name and mailing address</b> <b>NY Attorney General</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.80	<b>Nonpriority creditor's name and mailing address</b> <b>Nyack Hotel Fund LLC</b> <b>C/O East Bridge Group LLC</b> <b>40 West 57 th Street, 29th Floor</b> <b>New York, NY 10019</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,000.00</b>
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3.81	<b>Nonpriority creditor's name and mailing address</b> <b>Nyack Justice Court</b> <b>9 North Broadway Nyack</b> <b>Nyack, NY 10960</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$375.00</b>
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3.82	<b>Nonpriority creditor's name and mailing address</b> <b>Nys Department Of Environmental Conserva</b> <b>Church Street Station</b> <b>PO Box 3782</b> <b>New York, NY 10008-3782</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$110.00</b>
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3.83	<b>Nonpriority creditor's name and mailing address</b> <b>NYS Department of Finance</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.84	<b>Nonpriority creditor's name and mailing address</b> <b>NYS Department of Labor</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.85	<b>Nonpriority creditor's name and mailing address</b> <b>Open Systems</b> <b>258 Route 117 By- Pass Road</b> <b>Bedford Hills, NY 10507</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,721.54</b>
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3.86	<b>Nonpriority creditor's name and mailing address</b> <b>Orange &amp; Rockland Pike County Light &amp; Po</b> <b>Po Box 1005</b> <b>Spring Valley, NY 10977-0800</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$60,006.77</b>
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3.87	<b>Nonpriority creditor's name and mailing address</b> <b>Permac Restoration Inc</b> <b>97 Maple Place</b> <b>Yonkers, NY 10704</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,500.00</b>
3.88	<b>Nonpriority creditor's name and mailing address</b> <b>Premiere Advisory Group, Inc.</b> <b>4720 Center Boulevard</b> <b>Suite 309</b> <b>Long Island City, NY 11109</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$597.08</b>
3.89	<b>Nonpriority creditor's name and mailing address</b> <b>Premins Company, Inc.</b> <b>P.O. Box 230138</b> <b>Gravesend Station</b> <b>Brooklyn, NY 11223-0138</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25.00</b>
3.90	<b>Nonpriority creditor's name and mailing address</b> <b>Protravel International LLC</b> <b>5 Becker Farm Road</b> <b>Roseland, NJ 07068</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,491.00</b>
3.91	<b>Nonpriority creditor's name and mailing address</b> <b>Protravel New Jersey</b> <b>5 Becker Farm Rd</b> <b>Roseland, NJ 07068</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$55.60</b>
3.92	<b>Nonpriority creditor's name and mailing address</b> <b>Quill Corporation</b> <b>PO Box: 37600</b> <b>Philadelphia, PA 19101-0600</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,267.81</b>
3.93	<b>Nonpriority creditor's name and mailing address</b> <b>Ramstar Transportaton Inc.</b> <b>113 Oakwood Avenue</b> <b>Cliffside Park, NJ 07010</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,910.00</b>



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3.94	Nonpriority creditor's name and mailing address <b>Revinate, Inc.</b> <b>PO Box 732056</b> <b>Dallas, TX 75373-2056</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,350.00</b>
3.95	Nonpriority creditor's name and mailing address <b>Revival New York</b> <b>2581 Richmond Ter</b> <b>Staten Island, NY 10303</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,997.70</b>
3.96	Nonpriority creditor's name and mailing address <b>Robert R. Simon</b> <b>Reciever Of Taxes</b> <b>26 Orangeburg Road</b> <b>Ornagburg, NY 10962</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$93,095.85</b>
3.97	Nonpriority creditor's name and mailing address <b>Rockland Business Assoc. Inc.</b> <b>P.O. Box 1567</b> <b>One Blue Hill Plaza</b> <b>Pearl River, NY 10965</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$730.00</b>
3.98	Nonpriority creditor's name and mailing address <b>Sabre Hospitality Solutions</b> <b>7285 Collection Drive</b> <b>Chicago, IL 76092</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,312.80</b>
3.99	Nonpriority creditor's name and mailing address <b>Safeguard Business Systems</b> <b>Po Box 88043</b> <b>Chicago, IL 60680-1043</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,001.35</b>
3.100	Nonpriority creditor's name and mailing address <b>Samantha Bermudez</b> <b>5 Vine Street</b> <b>Greenwood Lake, NY 10925</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$280.85</b>

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3.101	<b>Nonpriority creditor's name and mailing address</b> <b>Sara Enterprises Inc</b> <b>2355 Honolulu Ave</b> <b>Montrose, CA 91020-1821</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14.40</b>
3.102	<b>Nonpriority creditor's name and mailing address</b> <b>Sentinel Managment Group, Inc</b> <b>96-59 222nd Street</b> <b>Suite 200</b> <b>Queens Village, NY 11429</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$31,449.76</b>
3.103	<b>Nonpriority creditor's name and mailing address</b> <b>Sesac, LLC</b> <b>35 Music Square East</b> <b>Nashville, TN 37203</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$611.37</b>
3.104	<b>Nonpriority creditor's name and mailing address</b> <b>Shyam Mehrotra</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
3.105	<b>Nonpriority creditor's name and mailing address</b> <b>Siemens Corporation</b> <b>3850 Quadrangle Blvd</b> <b>Scim 644</b> <b>Orlando, FL 32817</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14.31</b>
3.106	<b>Nonpriority creditor's name and mailing address</b> <b>Simons Industrial Supply Co.</b> <b>595 Manhattan Ave.</b> <b>Brooklyn, NY 11222</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,677.27</b>
3.107	<b>Nonpriority creditor's name and mailing address</b> <b>Tablet Hotels Inc</b> <b>6 West 18th Street</b> <b>FI 5</b> <b>New York, NY 10011-4638</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$78.44</b>

Debtor	<b>EMC Hotels and Resorts LLC</b> <small>Name</small>	Case number (if known)	<b>18-22932</b>
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3.108	<b>Nonpriority creditor's name and mailing address</b> <b>Team America Inc</b> <b>33 W 46th Street</b> <b>FI3</b> <b>New York, NY 10036-4103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18.90</b>
3.109	<b>Nonpriority creditor's name and mailing address</b> <b>The Cain Tvl Group Of Boulder Inc</b> <b>2990 Center Green Ct</b> <b>Suite 100</b> <b>Boulder, CO 80301</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$113.01</b>
3.110	<b>Nonpriority creditor's name and mailing address</b> <b>The Regency Group</b> <b>32 West 39 Th Street 12th Floor</b> <b>New York, NY 10018</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,644.94</b>
3.111	<b>Nonpriority creditor's name and mailing address</b> <b>The Sherwin William Co</b> <b>202 W Route 59</b> <b>Nanuet, NY 10954-2219</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$147.01</b>
3.112	<b>Nonpriority creditor's name and mailing address</b> <b>The Time New York</b> <b>224 W 49th Street</b> <b>New York, NY 10018</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,300.49</b>
3.113	<b>Nonpriority creditor's name and mailing address</b> <b>The Travel Society LLC</b> <b>650 S Cherry St</b> <b>Suite 201</b> <b>Denver, CO 80246-1556</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$256.60</b>
3.114	<b>Nonpriority creditor's name and mailing address</b> <b>Tour Connection, Inc</b> <b>125 Walnut Blvd</b> <b>Rochester, MI 48307</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,784.00</b>

Debtor	<b>EMC Hotels and Resorts LLC</b> <small>Name</small>	Case number (if known)	<b>18-22932</b>
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3.115	<b>Nonpriority creditor's name and mailing address</b> <b>Trane U.S. Inc.</b> <b>19 Chapin Road</b> <b>Ste: 200</b> <b>Pine Brook, NJ 07058</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$32,259.76</b>
3.116	<b>Nonpriority creditor's name and mailing address</b> <b>Travel Inc</b> <b>4355 River Green Pkwy</b> <b>Suite 100</b> <b>Duluth, GA 30096-9404</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28.80</b>
3.117	<b>Nonpriority creditor's name and mailing address</b> <b>Travel Industries Inc</b> <b>P O Box 741110</b> <b>Atlanta, GA 30384-4110</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,714.28</b>
3.118	<b>Nonpriority creditor's name and mailing address</b> <b>Travel Leaders Group LLC</b> <b>Hotel Division Accounts Payable</b> <b>1650 King Street Suite 450</b> <b>Alexandria, VA 22314</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,428.57</b>
3.119	<b>Nonpriority creditor's name and mailing address</b> <b>Travelclick, Inc.</b> <b>300 N. Martingale</b> <b>Suite 650</b> <b>Schaumburg, IL 60173</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35,908.17</b>
3.120	<b>Nonpriority creditor's name and mailing address</b> <b>Triptease Inc</b> <b>C/O Grindspace</b> <b>1216 Broadway 2nd Floor</b> <b>Newyork, NY 10001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,598.80</b>
3.121	<b>Nonpriority creditor's name and mailing address</b> <b>United Healthcare Services Inc</b> <b>9900 Bren Road East MN008-W345</b> <b>Attn: Travel Dept</b> <b>Minnetonka, MN 55343</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$27.80</b>

Debtor	<b>EMC Hotels and Resorts LLC</b> <small>Name</small>	Case number (if known)	<b>18-22932</b>
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3.122	<b>Nonpriority creditor's name and mailing address</b> <b>US Attorney</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.123	<b>Nonpriority creditor's name and mailing address</b> <b>Village Of Nyack</b> <b>P.O. Box 1317</b> <b>Buffalo, NY 14240</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38,679.20</b>
3.124	<b>Nonpriority creditor's name and mailing address</b> <b>Volara</b> <b>450 Lexington Avenue</b> <b>Floor 4- Wework</b> <b>New York, NY 10017</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,763.96</b>
3.125	<b>Nonpriority creditor's name and mailing address</b> <b>Vonage Business Network, Inc.</b> <b>P.O. Box 392479</b> <b>Pittsburgh, PA 15251-9479</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,692.11</b>
3.126	<b>Nonpriority creditor's name and mailing address</b> <b>Wainscot</b> <b>110 Summit Avenue</b> <b>Montvale, NJ 07645</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,250.00</b>
3.127	<b>Nonpriority creditor's name and mailing address</b> <b>Welby, Brady &amp; Greenblatt, LLP</b> <b>11 Maritime Avenue</b> <b>15th Floor</b> <b>White Plains, NY 10606</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,083.67</b>
3.128	<b>Nonpriority creditor's name and mailing address</b> <b>ZSC EB-5 Nyack Hotel Fund LLC</b> <b>C/O East Bridge Group LLC</b> <b>40 West 57 Th Street, 29th Flo</b> <b>New York, NY 10019</b>  Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,162,300.00</b>

**Part 3: List Others to Be Notified About Unsecured Claims**

**4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2.** Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

Debtor **EMC Hotels and Resorts LLC**  
Name

Case number (if known) **18-22932**

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the  
related creditor (if any) listed?

Last 4 digits of  
account number, if  
any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 97,069.34
5b. +	\$ 19,043,028.03
5c.	\$ 19,140,097.37

Fill in this information to identify the case:

Debtor name **EMC Hotels and Resorts LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) **18-22932**

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Lobby scent monthly rental**

State the term remaining

List the contract number of any government contract

**AIR AROMA USA DIST LLC  
263 W 38TH STREET  
LEVEL 12  
NEW YORK, NY 10018**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Live lobby plants**

State the term remaining

List the contract number of any government contract

**AMBIUS  
P O BOX 14086  
READING, PA 19612**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Inhouse coffee**

State the term remaining

List the contract number of any government contract

**ARAMARK REFRESHMENT SERVICES  
1511 TONNELLE AVENUE  
NORTH BERGEN, NJ 7047**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Music license**

State the term remaining

List the contract number of any government contract

**ASCAP  
PO Box 331608  
Nashville, TN 37203**

Debtor 1 **EMC Hotels and Resorts LLC**Case number (if known) **18-22932**

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Pest control**

State the term remaining

List the contract number of any government contract

**ASSURED ENVIRONMENTS  
45 BROADWAY  
10TH FLOOR  
NEW YORK, NY 10006**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Ecommerce travel**

State the term remaining

List the contract number of any government contract

**BOOKINGS.COM B.V.  
5295 PAYSHERE CIRCLE  
CHICAGO, IL 60674-5295**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Restaurant within hotel**

State the term remaining

List the contract number of any government contract

**BV GRILL NYACK LLC  
c/o McGuireWoods LLP-Shawn Fox  
310 Fourth Street, N.E. Ste300  
Charlottesville, VA 22902-1288**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Waste removal**

State the term remaining

List the contract number of any government contract

**Carlo Minuto Carting Co.  
PO Box 234  
West Nyack, NY 10994**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Social media platform**

State the term remaining

List the contract number of any government contract

**CHANDELIER- NEW YORK  
611 BROADWAY, PENTHOUSE  
NEW YORK, NY 10012**

2.10. State what the contract or lease is for and the nature of the debtor's interest **Uniforms**

State the term remaining

List the contract number of any government contract

**CINTAS CORPORATION  
97627 EAGLE WAY  
CHICAGO, IL 60678-7627**



Debtor 1 **EMC Hotels and Resorts LLC**Case number (if known) **18-22932**

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest

**Meeting leads**

State the term remaining

List the contract number of any government contract

CVENT INC.  
1765 GREENSBORO STATION PLACE  
7TH FLOOR  
TYSONS CORNER, VA 22102

2.12. State what the contract or lease is for and the nature of the debtor's interest

**Monthly elevator agreement**

State the term remaining

List the contract number of any government contract

D & D Elevator Maintenance, Inc  
38 Hayes Street  
Elmsford, NY 10960

2.13. State what the contract or lease is for and the nature of the debtor's interest

**TV for guest rooms and public**

State the term remaining

List the contract number of any government contract

DIRECT TV  
PO BOX 5006  
CAROL STREAM, IL 60197-5006

2.14. State what the contract or lease is for and the nature of the debtor's interest

**Reservation system support**

State the term remaining

List the contract number of any government contract

DUETTO RESEARCH INC.  
C/O TEMP CFO INC.  
250 Sutter Street ,Suite 400  
San Francisco Ave, CA 94108

2.15. State what the contract or lease is for and the nature of the debtor's interest

**Advertisement**

State the term remaining

List the contract number of any government contract

EXPEDIA TRAVEL  
PO BOX 847677  
DALLAS, TX 75284-7677

2.16. State what the contract or lease is for and the nature of the debtor's interest

**Music license**GRAY V  
1098 W WILLOW STREET  
LOUISVILLE, CO 80027

Debtor 1 **EMC Hotels and Resorts LLC**Case number (if known) **18-22932**

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract \_\_\_\_\_

- 2.17. State what the contract or lease is for and the nature of the debtor's interest **Hotel Management Agreement**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**HHM Nyack LLC**  
**200 WEST 55TH STREET**  
**SUITE 42**  
**NEW YORK, NY 10019**

- 2.18. State what the contract or lease is for and the nature of the debtor's interest **Reservation system support**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Hotelbeds**  
**7083 Grand National Drive**  
**Suite 102**  
**Orlando, FL 32819**

- 2.19. State what the contract or lease is for and the nature of the debtor's interest **PMS system**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**INFOR (US), INC.**  
**NW 7418**  
**PO BOX 1450**  
**MINNEAPOLIS, NC 55485-7418**

- 2.20. State what the contract or lease is for and the nature of the debtor's interest **Guest transportation van lease**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Mercedes-Benz Credit Corp.**  
**P.O. Box 5209**  
**Carol Stream, IL 60197-5209**

- 2.21. State what the contract or lease is for and the nature of the debtor's interest **Credit card interface**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**MERCHANT LINK**  
**8401 COLESVILLE RD.**  
**SILVER SPINGS, MD 20910**

Debtor 1 **EMC Hotels and Resorts LLC**Case number (if known) **18-22932**

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.22. State what the contract or lease is for and the nature of the debtor's interest **Fire system support**

State the term remaining

List the contract number of any government contract

**OPEN SYSTEMS**  
**258 ROUTE 117 BY- PASS ROAD**  
**BEDFORD HILLS, NY 10507**

- 2.23. State what the contract or lease is for and the nature of the debtor's interest **Ecommerce travel**

State the term remaining

List the contract number of any government contract

**PRICELINE.COM LLC**  
**800 CONNECTICUT AVE**  
**NORWALK, CT 6854**

- 2.24. State what the contract or lease is for and the nature of the debtor's interest **Mastercard/Visa processor**

State the term remaining

List the contract number of any government contract

**Santander**  
**Boston, MA 02101**

- 2.25. State what the contract or lease is for and the nature of the debtor's interest **Music license**

State the term remaining

List the contract number of any government contract

**SESAC, LLC**  
**35 MUSIC SQUARE EAST**  
**NASHVILLE, TN 37203**

- 2.26. State what the contract or lease is for and the nature of the debtor's interest **HV system**

State the term remaining

List the contract number of any government contract

**Trane U.S. Inc**

- 2.27. State what the contract or lease is for and the nature of the debtor's interest **PPC system**

State the term remaining

List the contract number of any government contract

**TravelClick**  
**300 N. Martingale**  
**Suite 600**  
**Schaumburg, IL 60173**

Debtor 1 **EMC Hotels and Resorts LLC**Case number (if known) **18-22932**

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.28. State what the contract or lease is for and the nature of the debtor's interest

**TA commission**

State the term remaining

List the contract number of any government contract

**Triptease Inc**

2.29. State what the contract or lease is for and the nature of the debtor's interest

**Telephone and internet**

State the term remaining

List the contract number of any government contract

**Vonage Business Network, Inc.  
PO Box 392479  
Pittsburgh, PA 15251-9479**

Fill in this information to identify the case:

Debtor name **EMC Hotels and Resorts LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) **18-22932**

☐ Check if this is an amended filing

# Official Form 206H

## Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

### 1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Donald Wellington** 2906 Old Lexington Road  
Asheboro, NC 27205

**Bank Hapoalim B.M.**

☒ D 2.1  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.2 **Donald Wellington** 2906 Old Lexington Road  
Asheboro, NC 27205

**NYACK HOTEL FUND LLC**

☒ D 2.3  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.3 **Donald Wellington** 2906 Old Lexington Road  
Asheboro, NC 27205

**ZSC EB-5 Nyack Hotel Fund LLC**

☐ D \_\_\_\_\_  
☒ E/F 3.128  
☐ G \_\_\_\_\_

2.4 **Donald Wellington** 2906 Old Lexington Road  
Asheboro, NC 27205

**BCG Ritz Trump, Llc**

☐ D \_\_\_\_\_  
☒ E/F 3.15  
☐ G \_\_\_\_\_

2.5 **KAW NR, LLC**

**BCG Ritz Trump, Llc**

☐ D \_\_\_\_\_  
☒ E/F 3.15  
☐ G \_\_\_\_\_

Debtor **EMC Hotels and Resorts LLC**

Case number (if known) **18-22932**

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	<b>Kerry Wellington</b>	<b>a.k.a. KAW Nylo Nyack, LLC</b> <b>525 W 22nd Street</b> <b>New York, NY 10001</b>	<b>Bank Hapoalim B.M.</b>	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.7	<b>Kerry Wellington</b>	<b>a.k.a. KAW Ny</b> <b>525 W 22nd Street</b> <b>New York, NY 10001</b>	<b>NYACK HOTEL FUND</b> <b>LLC</b>	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.8	<b>Kerry Wellington</b>	<b>a.k.a. KAW Nylo Nyack, LLC</b> <b>525 W 22nd Street</b> <b>New York, NY 10001</b>	<b>BCG Ritz Trump, Llc</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.15</u> <input type="checkbox"/> G _____
2.9	<b>Metloft</b> <b>Bronxville, LLC</b>	<b>79 Main Street</b> <b>Nyack, NY 10960</b>	<b>BCG Ritz Trump, Llc</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.15</u> <input type="checkbox"/> G _____
2.10	<b>Michael Yanko</b>	<b>79 Main Street</b> <b>Nyack, NY 10960</b>	<b>BCG Ritz Trump, Llc</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.15</u> <input type="checkbox"/> G _____

**GLOBAL NOTES, METHODOLOGY AND SPECIFIC  
DISCLOSURES REGARDING THE DEBTOR'S SCHEDULES OF  
ASSETS AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

**Introduction**

On June 18, 2018 (the "Filing Date"), an involuntary Chapter 7 petition was filed against EMC Hotels and Resorts, LLC (the "Debtor"), under title 11 of the United States Code (the "Bankruptcy Code") in the United States Bankruptcy Court for the Southern District of New York, White Plains Division (the "Bankruptcy Court").

Only July 20, 2018, the Bankruptcy Court entered an order converting the Chapter 7 case to Chapter 11 under of the Bankruptcy Code. See Order signed on 7/20/2018 Granting Motion Converting Chapter 7 Case Under Chapter 11 of the Bankruptcy Code (Dkt. 31).

On July 25, 2018, the Bankruptcy Court entered an order approving the appointment of Fred Stevens, Esq., as the Chapter 11 Trustee (the "Trustee"). See Order signed on 7/25/2018 Approving the Appointment of Fred Stevens, Esq. as Chapter 11 Trustee (Dkt. 34).

These *Global Notes, Methodology, and Specific Disclosures Regarding the Debtor's Schedules of Assets and Liabilities and Statements of Financial Affairs* (the "**Global Notes**") pertain to, are incorporated by reference in, and comprise an integral part of the Debtor's Schedules and Statements. The Global Notes should be referred to, considered, and reviewed in connection with any review of the Schedules and Statements.

The Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States ("GAAP"), nor are they intended to be fully reconciled with the financial statements of the Debtor (whether publically filed or otherwise). Additionally, the Schedules and Statements contain unaudited information that is subject to further review and potential adjustment, and reflect the Trustee's reasonable efforts to report the assets and liabilities of the Debtor.

In preparing the Schedules and Statements, the Trustee relied upon information derived from the Debtor's books and records that was available at the time of such preparation. Although the Trustee has made reasonable efforts to ensure the accuracy and completeness of such financial information, inadvertent errors or omissions, as well as the discovery of conflicting, revised, or subsequent information, may cause a material change to the Schedules and Statements.

The Chapter 11 Trustee, his attorneys, financial advisors and the hotel's management company do not guarantee or warrant the accuracy or completeness of the data that is provided in the Schedules and Statements, and shall not be liable for any loss or injury arising out of or caused in whole or in part by the acts, omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating, or delivering the information contained in the Schedules and Statements. Except as expressly required by the Bankruptcy Code, the Chapter 11 Trustee, his attorneys, financial advisors and the hotel's management company expressly do not undertake any obligation to update, modify, revise, or re-categorize the information provided in

the Schedules and Statements or to notify any third party should the information be updated, modified, revised, or re-categorized. The Trustee, on behalf of himself or the Debtor's officers, employees, agents, and advisors disclaim any liability to any third party arising out of or related to the information contained in the Schedules and Statements and reserve all rights with respect thereto.

In reviewing and signing the Schedules and Statements, this Trustee relied upon the efforts, statements, and representations of the Trustee's professionals and the Debtor's personnel and the hotel management company. The Trustee has not (and could not have) personally verified the accuracy of each such statement and representation, including, for example, statements and representations concerning amounts owed to creditors and their addresses.

### **Global Notes and Overview of Methodology**

1. **Reservation of Rights.** Reasonable efforts have been made to prepare and file complete and accurate Schedules and Statements; however, inadvertent errors or omissions may exist. The Trustee reserves all rights to amend or supplement the Schedules and Statements from time to time, in all respects, as may be necessary or appropriate, including, without limitation, the right to amend the Schedules and Statements with respect to claim ("**Claim**") description, designation; dispute or otherwise assert offsets or defenses to any Claim reflected in the Schedules and Statements as to amount, liability, priority, status, or classification; subsequently designate any Claim as "disputed," "contingent," or "unliquidated;" or object to the extent, validity, enforceability, priority, or avoidability of any Claim. Any failure to designate a Claim in the Schedules and Statements as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Trustee that such Claim or amount is not "disputed," "contingent," or "unliquidated." Listing a Claim does not constitute an admission of liability by the Trustee against which the Claim is listed or against the Debtor. Furthermore, nothing contained in the Schedules and Statements shall constitute a waiver of rights with respect to the Debtor's chapter 11 case, including, without limitation, issues involving Claims, defenses, equitable subordination, recharacterization, and/or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers. Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the general reservation of rights contained in this paragraph. Notwithstanding the foregoing, the Trustee shall not be required to update the Schedules and Statements.
2. **Description of Cases and "as of" Information Date.** The asset information provided in the Schedules and Statements, except as otherwise noted, represents the asset data of the Debtor as of the close of business on June 18, 2018, and the liability information provided herein, except as otherwise noted, represents the liability data of the Debtor as of the close of business on June 18, 2018.
3. **Net Book Value of Assets.** It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate assets for the Trustee to obtain current market valuations for all of the Debtor's assets. Additionally, because the book values of certain assets, such as equipment may materially differ from their fair market values, they may be listed as



undetermined amounts as of the Petition Date. Furthermore, as applicable, assets that have fully depreciated or were expensed for accounting purposes may not appear in the Schedules and Statements if they have no net book value.

4. **Recharacterization.** Notwithstanding the Trustee's reasonable efforts to properly characterize, classify, categorize, or designate certain Claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules and Statements, the Trustee may, nevertheless, have improperly characterized, classified, categorized, designated, or omitted certain items due to the complexity and size of the Debtor's businesses. Accordingly, the Trustee reserves all of his rights to recharacterize, reclassify, recategorize, redesignate, add, or delete items reported in the Schedules and Statements at a later time as is necessary or appropriate as additional information becomes available, including, without limitation, whether contracts or leases listed herein were deemed executory or unexpired as of the Petition Date and remain executory and unexpired postpetition.
5. **Real Property and Personal Property–Leased.** In the ordinary course of its business, the Debtor leases various articles of personal property, including, fixtures, and equipment, from certain third-party lessors. The Trustee has made reasonable efforts to list all such leases in the Schedules and Statements.
6. **Excluded Assets and Liabilities.** The Trustee has sought to allocate liabilities between the prepetition and post-petition periods based on the information and research conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and post-petition periods may change.
7. The liabilities listed on the Schedules do not reflect any analysis of Claims under section 503(b)(9) of the Bankruptcy Code. Accordingly, the Trustee reserves all of his rights to dispute or challenge the validity of any asserted Claims under section 503(b)(9) of the Bankruptcy Code or the characterization of the structure of any such transaction or any document or instrument related to any creditor's Claim.

The Trustee has excluded certain categories of assets, tax accruals, and liabilities from the Schedules and Statements, including, without limitation, accrued salaries, employee benefit accruals, and deferred gains. In addition, certain immaterial assets and liabilities may have been excluded.

The Bankruptcy Court has authorized the Trustee to pay, in his discretion, certain outstanding Claims on a post-petition basis. However, only prepetition liabilities related to ordinary course wages and compensation that have been paid postpetition have been excluded from the Schedules.

8. **Executory Contracts and Unexpired Leases.** The Debtor's executory contracts and unexpired leases have been set forth in Schedule G.

9. **Classifications.** Listing a Claim or contract on (a) Schedule D as “secured,” (b) Schedule E/F part 1 as “priority,” (c) Schedule E/F part 2 as “unsecured,” or (d) Schedule G as “executory” or “unexpired,” does not constitute an admission by the Trustee of the legal rights of the claimant, or a waiver of the Trustee’s rights to recharacterize or reclassify such Claims or contracts or leases or to setoff of such Claims.
10. **Claims Description.** Schedules D and E/F permit the Trustee to designate a Claim as “disputed,” “contingent,” and/or “unliquidated.” Any failure to designate a Claim as “disputed,” “contingent,” or “unliquidated” does not constitute an admission by the Trustee that such amount is not “disputed,” “contingent,” or “unliquidated,” or that such Claim is not subject to objection. Moreover, listing a Claim does not constitute an admission of liability by the Trustee.
11. **Causes of Action.** Despite their reasonable efforts to identify all known assets, the Trustee may not have listed all of the Debtor’s causes of action or potential causes of action against third-parties as assets in the Schedules and Statements, including, without limitation, causes of actions arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers. The Trustee reserves all of his rights with respect to any cause of action (including avoidance actions), controversy, right of setoff, cross-Claim, counter-Claim, or recoupment and any Claim on contracts or for breaches of duties imposed by law or in equity, demand, right, action, lien, indemnity, guaranty, suit, obligation, liability, damage, judgment, account, defense, power, privilege, license, and franchise of any kind or character whatsoever, known, unknown, fixed or contingent, matured or unmatured, suspected or unsuspected, liquidated or unliquidated, disputed or undisputed, secured or unsecured, assertable directly or derivatively, whether arising before, on, or after the Petition Date, in contract or in tort, in law, or in equity, or pursuant to any other theory of law (collectively, “**Causes of Action**”) they may have, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any Claims or Causes of Action or in any way prejudice or impair the assertion of such Claims or Causes of Action.
12. **Parties-in-Interest.**
- a. BV Grill Nyack, LLC - There is a dispute regarding the actual ownership of BV Grill, which operates a restaurant located in the Debtor’s hotel property. The Trustee has not yet taken a position with respect to the proper ownership and management of BV Grill and, accordingly, any statements or references to BV Grill or its management are not intended to be an admission, concession or waiver by the Trustee of any of the Trustee’s rights or remedies with respect to same.
  - b. EMC Real Estate Holdings, LLC, f/k/a Key Real Estate Holdings, LLC (“Holdings”) is a limited liability company formed under the laws of the State of New York on or around April 22, 2014. Holdings became the majority owner of the Debtor and was or is owned by some combination of Donald F. Wellington and Kerry P. Wellington (collectively, the “Wellingtons”), Michael Yanko and Edgar M. Costa (“Costa”).

13. **Global Notes Control.** If the Schedules and Statements differ from these Global Notes, the Global Notes shall control.

**Specific Disclosures with Respect to the Debtor's Schedules**

**Schedule A/B.** All values set forth in Schedule A/B reflect the book value of the Debtor's assets as of the close of business on June 18, 2018, unless otherwise noted below.

**Schedule A/B part 7, 8 and 9.** Values related to furniture, equipment, building, vehicles and real property are listed on Schedule A/B part 7, 8 and 9 as reflected in the December 31, 2016 federal income tax return.

**Schedule D.** The Claims listed on Schedule D arose or were incurred on various dates; a determination of the date upon which each Claim arose or was incurred would be unduly burdensome and cost prohibitive. Accordingly, not all such dates are included. All Claims listed on Schedule D, however, appear to have been incurred before the Petition Date.

**Schedule E/F part 1.** This category includes the costs, fees, and expenses of operating the Debtor's business and administering the bankruptcy case incurred between the time the involuntary bankruptcy was filed and the date the Court approved the appointment of the Trustee.

**Schedule E/F part 2.** The Trustee has used reasonable efforts to report all general unsecured Claims against the Debtor on Schedule E/F part 2, based upon the Debtor's books and records as of the Petition Date.

Determining the date upon which each Claim on Schedule E/F part 2 was incurred or arose would be unduly burdensome and cost prohibitive and, therefore, the Trustee does not list a date for each Claim listed on Schedule E/F part 2. Furthermore, claims listed on Schedule E/F part 2 may have been aggregated by unique creditor name and remit to address and may include several dates of incurrence for the aggregate balance listed.

Schedule E/F part 2 contains information regarding pending litigation involving the Debtor. The dollar amount of potential Claims associated with any such pending litigation is listed as "undetermined" and marked as contingent, unliquidated, and disputed in the Schedules and Statements. Some of the litigation Claims listed on Schedule E//F may be subject to subordination pursuant to section 510 of the Bankruptcy Code. Schedule E/F part 2 also includes potential or threatened litigation claims. Any information contained in Schedule E/F part 2 with respect to such potential litigation shall not be a binding representation of the Debtor's liabilities with respect to any of the potential suits and proceedings included therein. The Trustee expressly incorporate by reference into Schedule E/F part 2 all parties to pending litigation listed in the Trustee's Statements 7, as contingent, unliquidated, and disputed claims, to the extent not already listed on Schedule E/F part 2.

Schedule E/F part 2 reflects the prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption, or assumption and assignment, of executory contracts or unexpired leases. Additionally, Schedule E/F part 2 does not include potential rejection damage Claims, if any, of the counterparties to executory contracts and unexpired leases that may be rejected.

**Schedule G.** Certain information, such as the contact information of the counterparty, may not be included where such information could not be obtained using the Trustee's reasonable efforts. Listing or omitting a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is or is not an executory contract or unexpired lease was in effect on the Petition Date or is valid or enforceable. Certain of the leases and contracts listed on Schedule G may contain certain renewal options, guarantees of payment, indemnifications, options to purchase, rights of first refusal, and other miscellaneous rights. Such rights, powers, duties, and obligations are not set forth separately on Schedule G.

The contracts, agreements, and leases listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters, memoranda, and other documents, instruments, and agreements that may not be listed therein despite the Trustee's use of reasonable efforts to identify such documents. Further, unless otherwise specified on Schedule G, each executory contract or unexpired lease listed thereon shall include all exhibits, schedules, riders, modifications, declarations, amendments, supplements, attachments, restatements, or other agreements made directly or indirectly by any agreement, instrument, or other document that in any manner affects such executory contract or unexpired lease, without respect to whether such agreement, instrument, or other document is listed thereon.

In addition, the Debtor may have entered into various other types of agreements in the ordinary course of its business, such as subordination, nondisturbance, and attornment agreements, supplemental agreements, settlement agreements, amendments/letter agreements, title agreements and confidentiality agreements. Such agreements may not be set forth on Schedule G. Certain of the executory agreements may not have been memorialized and could be subject to dispute. Executory agreements that are oral in nature have not been included on the Schedule G.

**Schedule H.** For purposes of Schedule H, the debtors that are either the principal obligors or guarantors under the prepetition debt facilities are listed as co-debtors on Schedule H. The Trustee may not have identified certain guarantees associated with the Debtor's executory contracts, unexpired leases, secured financings, debt instruments, and other such agreements.

In the ordinary course of its business, the Debtor may be involved in pending or threatened litigation. These matters may involve multiple plaintiffs and defendants, some or all of

whom may assert cross-Claims and counter-Claims against other parties. Litigation matters can be found on the Debtor's Schedule E/F part 2 and Statement 7, as applicable.

**Fill in this information to identify the case and this filing:**

Debtor Name EMC Hotels and Resorts LLC  
United States Bankruptcy Court for the: Southern District of New York  
Case number (If known): 18-22932 (RDD) (State)

**Official Form 202**

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration Global Notes, Methodology and Specific Disclosures Regarding the Debtor's Schedules of Asset and Liabilities and Statement of Financial Affairs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 5, 2018  
MM / DD / YYYY

X Fred Stevens  
Signature of individual signing on behalf of debtor

Fred Stevens  
Printed name

Chapter 11 Trustee  
Position or relationship to debtor